## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576833
APPLICANTS)

FILING DATE

**CLAIMS** 

2	AS FILED		AFTER 1 AMENDMENT		AFTER 2 <sup>md</sup> AMENDMENT	
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TOTAL CLAIMS			22	(28.1)		

AS FILED   1"AMENDMENT   2 "AME   IND.   DEP.   IND.   DEP.   IND.   S1   S2   S3   S4   S5   S6   S7   S8   S9   S6   S7   S8   S9   S6   S6   S6   S6   S6   S7   S8   S9   S6   S6   S6   S7   S8   S8	TER ENDMENT  DEP.
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TOTAL CLAIMS	Y4 X (1.34)

PTO - 1360 (REV. 11/04)

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